

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

8476-62-032916  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED SEP 15 1962 XC-18 342 616

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MO.Length of stay in lb  
28 DAYSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ILLINOIS b. COUNTY

c. CITY OR TOWN GRANITE CITY

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
2520 LINCOLN AVE.Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First SAM S. Middle SOLIDAY Last

4. DATE OF DEATH Month 8/31/62 Day Year

5. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
7/26/979. AGE (last birthday)  
65IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
PRINCETON, INDIANA12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

SAM SOLIDAY

## 13b. MOTHER'S MAIDEN NAME

JENNIE PETERS

## 14. NAME OF HUSBAND OR WIFE

GERTRUDE SOLIDAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW-1

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
GERTRUDE SOLIDAY (WIDOW) SEE #218. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart Failure

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Emphysema, bilateral with chronic cor pulmonale

DUE TO (c)

527.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from, 8/3/62, to 8/31/62 and last saw him alive on 8/31/62  
Death occurred at 12:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL23b. DATE  
9-6-6223c. NAME OF CEMETERY OR CREMATORY  
NATIONAL CEMETERY23d. LOCATION (City, town, or county) (State)  
JEFFERSON BARRACKS, MO.

## 24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ed MERCER SONS GRANITE CITY, ILL.

SEP 1 1962

Roal Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Spurston C. Shellens*

Licensed Embalmer No. 5016

P. O. Address Granite City, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.